	ATES DISTRICT COURT I DISTRICT OF NEW YORK	DOCUMENT ELECTRONICALLY FILED DOC #: DATE FILED: 11 1/2 2000
UNITED ST	ATES OF AMERICA	The state of the s
	-V-	PRESENT AT CRIMINAL
ALBERTO	Defendant.	PROCEEDING 19 -CR-795 () () (SHS)
Check Proc	ceeding that Applies	
_X Ent	ry of Plea of Guilty	
my cer the bes CO' cou wis jud tha ple par	attorney about those charges. I have tain charges. I understand I have a right Southern District of New York to entide me as I do. I am also aware that VID-19 pandemic has interfered with urthouse. I have discussed these issues that o advise the court that I willingly give to enter a plea of guilty. By signing at I willingly give up any right I might have a so long as the following conditions ticipate in the proceeding and to be about the proceeding and the proceeding a	violations of federal law. I have consulted with decided that I wish to enter a plea of guilty to ght to appear before a judge in a courtroom in ter my plea of guilty and to have my attorney to the public health emergency created by the intravel and restricted access to the federal swith my attorney. By signing this document, I give up my right to appear in person before the gethis document, I also wish to advise the court we to have my attorney next to me as I enter my are met. I want my attorney to be able to alle to speak on my behalf during the proceeding.
	11/18/2020	101
Date:	Alberto Marte	/S/ Alberto Marte
	Print Name	Signature of Defendant
Ser	ntence	Counsel authorized to sign on behalf of Alberto Marte 11/18/2020

I understand that I have a right to appear before a judge in a courtroom in the Southern District of New York at the time of my sentence and to speak directly in that courtroom to the judge who will sentence me. I am also aware that the public health emergency created by the COVID-19 pandemic has interfered with travel and restricted access to the federal courthouse. I do not wish to wait until the end of this emergency to be sentenced.

I have discussed these issues with my attorney and willingly give up my right to be present, at the time my sentence is imposed, in the courtroom with my attorney and the judge who will impose that sentence. By signing this document, I wish to advise the court that I willingly give up my right to appear in a courtroom in the Southern District of New York for my sentencing proceeding as well as my right to have my attorney next to me at the time of sentencing on the following conditions. I want my attorney to be able to participate in the proceeding and to be able to speak on my behalf at the proceeding. I also want the ability to speak privately with my attorney at any time during the proceeding if I wish to do so.

Date:

	NAME OF TAXABLE PARTY.		
	_ Print Name		Signature of Defendant
client, my o	client's rights to attend , and this waiver and co	and participate in onsent form. I affir	scuss with my client the charges against my the criminal proceedings encompassed by m that my client knowingly and voluntarily t and me both participating remotely.
Date:	11/18/2020 Sean M. Ma		SA
	Print Name		Signature of Defense Counsel
also transla		its entirety, to the d	ssues with the defendant. The interpreter lefendant before the defendant signed it
Date:	Signature of Defe	ense Counsel	
Accepted:	Signature of Judge Date:	Men 18, 20.	20